Dogsthorpe Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	**Inadequate**
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Inadequate**
Are services well-led?	**Inadequate**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dogsthorpe Medical Centre on 18 April 2016. Overall the practice is rated as inadequate.

We had identified a number of shortfalls at our previous inspection in May 2015 and found that the practice required improvement in all areas and across all population groups. We issued two requirement notices under the Health and Social Care Act 2014 as a result. During this inspection, we found that the practice had taken some action to address the shortfalls: infection control audits were now routinely undertaken, clinical audits were of better quality, whole practice meetings were being held and recruitment checks were more robust for permanent staff. However, inadequate action had been taken to monitor significant events, to improve patient access, to increase the uptake of health checks for people with learning disabilities and to facilitate patient involvement.

Our key findings across all the areas we inspected were as follows:

- According to the NHS GP Survey 63% of patients would recommend the surgery to someone new to the area, making it among the worst scores nationally.
- Patients told us they struggled to get through to the practice on the telephone and also to get an appointment. They reported that they rarely saw the same GP. According to the NHS GP Survey only 23% of patients saw their preferred GP.
- Feedback from district nurses and care home managers about the practice was poor. One home manager told us that many GPs visited their residents, which meant a lack of continuity in their care and district nurses told us that getting GPs to undertake home visits was difficult.
- Staffing at the practice was not stable. One manager was on long-term sick leave and the provider was relying on staff from another service to provide additional support. Recruitment of GPs had been

Summary of findings

difficult and the practice relied on seven locum GPs to cover vacant shifts. The registered manager only visited every couple of months, despite being accountable for the practice's performance, and being the named GP for a number of patients.

- Significant events were not adequately managed or recorded.
- The practice had very high exception reporting. This indicated that some patients were not receiving adequate long term condition management.
- A high number of patients on the practice's avoiding unplanned admission register did not have a care plan in place and multi-disciplinary meetings were held infrequently. Therefore it was not clear how patients' needs were being monitored and planned for.
- Bowel and cancer screening rates for patients were low compared to local and national averages.
- Antibiotic prescribing to patients was high and the practice was the third highest prescriber of antibiotics in its local CCG area.
- Health checks for patients with learning disabilities were low, and had not improved since our previous inspection almost a year ago.
- The practice did not have a formalised system to keep all clinical staff up to date and to share relevant and current evidence based guidelines such as National Institute for Health and Care Excellence (NICE).
- Not all staff undertaking chaperone duties had been risk assessed to decide whether they needed a disclosure and barring check.
- Patients were not involved in decisions about the range and quality of the service provided by the practice
- The practice's policies in relation to health and safety, and infection control were not being followed by staff.
- The provider had brought in part time practice management support from another local practice and these staff were working hard to address some of the issues raised at our last inspection. The provider had also identified a GP who was leading on clinical improvement: they were engaged and highly regarded by other staff at the practice.
- Staff received good training and were supported in their professional development.
- Safeguarding procedures were robust and staff took action where they had concerns.

The areas where the provider must make improvements are:

- Improve the recording and monitoring of significant events, incidents and near misses.
- Risk assess the need for staff who chaperone to have a disclosure and barring check.
- Ensure all clinicians are kept up to date with national guidance and guidelines, including those issued by the National Institute for Health and Social Care Excellence.
- Implement proactive care planning for all patients on the practice's admissions avoidance register.
- Ensure there is adequate clinical cover across both sites of the practice.
- Improve processes for making appointments and increase the number of appointments available to patients.
- Increase the number of health checks provided to people with learning difficulties.
- Ensure that the practice's policies in relation to health and safety, and infection control are followed by staff.
- Involve patients in decisions about the range and quality of services provided by the practice.

The areas where the provider should make improvement are

- Ensure that patient safety incidents are reported to the National Reporting and Learning System.
- Ensure that safety updates from the MHRA are received by the practice, and then actioned if relevant.
- Ensure that regular fire drills are carried out.
- Ensure that all staff, including the practice manager, receive regular appraisal of their performance.
- Increase the number of multi-disciplinary meeting that are held so that patients' needs are fully planned for and co-ordinated.

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- Provide appropriate seating for patients with mobility problems

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services. Safeguarding procedures were robust and staff reported their concerns to relevant agencies. Procedures were in place to deal with emergencies and patients received their care in an hygienic environment. However significant events were not managed well and the practice was not signed up to receive relevant safety update alerts. Some staff undertook chaperone duties without having proper disclosure and barring checks in place. Fire evacuation drills were not practiced regularly.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. Patient outcomes were hard to identify as exception reporting was very high compared to local and national averages, indicating that significant numbers of patients might not be receiving management of their long-term conditions. Breast and bowel screening rates for patients were low, and antibiotic prescribing was high compared to local and national averages. Multidisciplinary meetings were not routinely taking place and only seven of 81 patients on the practice's avoiding unplanned admission register had a care plan in place.

The high use of locum GPs meant that patients did not receive good continuity of care.

Are services caring?

Requires improvement

The practice is rated as Requires Improvement for providing caring services. Patients reported considerable difficulty in accessing a named GP and poor continuity of care as a result. Figures from the national GP survey showed that the practice scored lower than local and national averages in response to questions about GPs' ability to listen to patients, and treating them with care and concern. However, scores for the practice's nurses and receptionists were comparable to local and national figures.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services. The practice had joined with other practices to offer week-end and evening appointments and the offered a range of on-line services. Patients' complaints were discussed with the practice team so that learning could be shared. However, we received consistent feedback from patients, and health and social

Summary of findings

care professionals, about the difficulty of getting appointments and accessing the practice by phone. Figures from the national GP patient survey showed patients rated the practice considerably less well in response to questions about access.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well led services. The practice had insufficient leadership capacity and had failed to address many of the concerns we raised at our previous inspection in May 2015. It was not using performance data to actively target areas of known concerns such as poor screening rates, hospital admission rates and health checks for people with learning disabilities.

There was no patient participation group and therefore no formal way of involving patients in decisions about the range and quality of the service provided.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice offered a range of enhanced services, for example, in dementia and end of life care

However, not all patients on the practice's admission avoidance register had care plans in place and multi- disciplinary team meetings to discuss the needs of the practice's frailest patients were not held regularly.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Patients with long term conditions had structured annual reviews to check their health and medications needs were met, and those with complex needs were discussed at the practice's weekly clinical meetings. However, exception reporting was very high in the practice indicating that a significant number of patients might not be receiving adequate long term condition management. Not all patients on the practice's admission avoidance register had care plans in place and multi- disciplinary team meetings to discuss the needs of the practice's frailest patients were not held regularly.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

There were screening and vaccination programmes in place to support patients and health promotion advice was available. Immunisation rates were relatively good for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. However some patients told us that they struggled to get appointments for their young children.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice was offered online services and was involved in the implementation of a service to deliver extra appointments between 8am and 8pm. Health checks and screening that reflected the needs of this group were available, including cervical screening and checks for those aged 40 to 74years. However, screening rates for bowel and cancer were much lower than local and national averages.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice offered longer appointments for those patients who needed more time due to their language or communication needs. Staff knew how to recognise signs of abuse in vulnerable people and took appropriate action to protect them. The practice had recently audited its safeguarding procedures and a local safeguarding lead nurse had commended the practice as a result. The number of health checks provided for people with learning disabilities was low with only 5 of 15 patients having received a check.

The practice used a system of placing alerts on patients' records to highlight if they were carers so they could be identified for additional support and offered flu vaccinations if required.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice maintained registers of patients with mental health problems including dementia to ensure their needs were monitored. However, exception reporting for depression and mental health indicators was particularly high in the practice compared to local and national averages (for example 67% for depression, compared to a CCG average of 28%), indicating that significant numbers of patients were not receiving adequate support and management.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was mostly below local and national averages. 408 survey forms were distributed and 95 were returned, giving a response rate of 23%

- 61% of patients were satisfied with the practice's opening hours compared to a local average of 75% and the national average of 75%.
- 50 % found it easy to get through to this surgery by phone compared to a local average of 75%the national average of 73%.
- 23% of patients said they always or almost always see or speak to the GP they prefer compared to the local average of 61%, and national average of 59%.
- 67% of patients said the GP was good or very good at involving them in decisions about their care compared to a local average of 75%the national average of 75%.
- 98% had confidence and trust in the last nurse they saw, compared to a local average of 97% and national average of 97%
- 68% described the overall experience of their GP surgery as fairly good or very good compared to the local average of 86% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Although the cards had been received by the practice, they had not been distributed to patients. We were told that this was probably because the package had been addressed to the registered manager, who did not attend the practice regularly. However we talked to 8 patients who described difficulties in getting through on the practice's phone and in getting an appointment .Three patients told us they could not obtain an appointment for their young child when needed.

We spoke with the manager of a local secure unit that the practice supported. They told us that the practice's staff, and especially their receptionists, were helpful. However, they commented that getting the GPs to undertake home visits was very difficult, and the GPs did not fully appreciate the difficulty of getting their service users to the practice, which often required three members of staff. District nurses echoed this concern, and gave us specific examples where their requests for home visits were not met by the practice. Nurses told us that the practice had insisted it would only receive referrals or patient information by fax. The nurses stated this made it very difficult for them as they had limited time in their office and often needed to make referrals whilst at patients' homes.

The manager of a local care home told us that lots of different GPs visited the home, leading to a lack of continuity of care for residents. She told us that residents were meant to have a named GP, but their named GP rarely visited, and even when they did, did not know their patient.

Areas for improvement

Action the service MUST take to improve

- Improve the recording and monitoring of significant events, incidents and near misses.
- Risk assess the need for staff who chaperone to have a disclosure and barring check.
- Ensure all clinicians are kept up to date with national guidance and guidelines, including those issued by the National Institute for Health and Social Care Excellence.
- Implement proactive care planning for all patients on the practice's admissions avoidance register.
- Ensure there is adequate clinical cover across both sites of the practice.
- Improve processes for making appointments and increase the number of appointments available to patients.
- Increase the number of health checks provided to people with learning difficulties.

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- Ensure that the practice's policies in relation to health and safety, and infection control are followed by staff.
- Involve patients in decisions about the range and quality of services provided by the practice.

Action the service SHOULD take to improve

- Ensure that patient safety incidents are reported to the National Reporting and Learning System.
- Ensure that safety updates from the MHRA are received by the practice, and then actioned if relevant.
- Ensure that regular fire drills are carried out.
- Ensure that all staff, including the practice manager, receive regular appraisal of their performance.
- Increase the number of multi-disciplinary meeting that are held so that patients' needs are fully planned for and co-ordinated.
- Provide appropriate seating for patients with mobility problems

Dogsthorpe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dogsthorpe Medical Centre

Dogsthorpe Medical Centre is in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. The practice is owned by First Health (Peterborough) Limited, a private limited company with share capital. It is overseen by four directors, who hold overall managerial and financial responsibility for the service. Two of these directors provide clinical sessions at the practice.

The practice is situated to the north of Peterborough and is contracted to provide alternative primary medical services to approximately 4820 registered patients. There is also a branch surgery which serves a large local Asian community. The two sites are operated as one practice, with staff working across both.

According to Public Health England information, the practice's population has a higher than average number of patients aged 0 to 39 years, and a lower than average number of patients aged 40 to 64, and over 65 compared to the practice average across England. There are high levels of deprivation in the local area, and high levels of co-morbidity.

The practice team consists of two part-time permanent doctors (both female), two nurses and a health care assistant. Additional clinical sessions are provided by the registered manager (male), who visits every few months. Due to long-term staff sickness and recruitment problems, the practice uses locum GPs to cover clinical sessions. One of the company's directors also provides additional clinical sessions. A number of administrative staff support them.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 9am to 11.40am every morning, and from 3 pm to 5.30 pm daily. Outside of practice opening hours, a service is accessed by calling NHS 111.The out of hours service for minor illness & injury unit is available to all patients who need emergency treatment when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. It was also to check that the provider had implemented sufficient improvements to meet the regulations since we last inspected in May 2015.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, a nurse, a health care assistant and reception staff. We spoke with eight patients who used the service.
- Reviewed an anonymised sample of treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views
- Spoke with care home managers and district nurses who knew the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us they reported incidents to the practice manager who then oversaw the management of them.

At our previous inspection in May 2015 we identified a number of incidents that had taken place but that had not been included on the practice's significant event log. During this inspection we viewed the practice's log which detailed 11 incidents since July 2015, (three of which had no learning points or action plan recorded on them). We viewed minutes of the practice's clinical meetings for 6 January 2016, 20 January 2016, 3 February 2016 and 2 March 2016 and found a number of significant events that had been discussed at the meeting but had not been entered on the practice's significant event log. For example, one incident where a baby had received the same vaccinations twice, and another incident involving an error with a prescription that had led to a patient being without their prescription medication for three days. One member of staff told us of another incident where a patient had impersonated their relative in order to obtain information, and of a medication error by a locum GP. These had not been included for review on the risk log so the practice could monitor any themes or trends in the events.

We viewed a significant event review record following the failure of a locum GP to make an urgent two week wait referral for a patient. The form contained a brief summary of the event, but did not detail the date of the review, who was present, what areas of risk were identified or how learning from the event was to be implemented and shared within the practice.

Meetings to discuss significant events were not attended by the patient services team so it was not clear how relevant information was shared with these staff (this was raised with the practice at our previous inspection). We viewed minutes of six recent administrative meetings and found no evidence that significant events had been discussed.

The practice's policy stated there would be quarterly reviews of significant events but we were told us this had yet to be implemented, despite us raising this at our last inspection, almost a year ago.

The way that the practice managed its significant events did not show it had a consistently safe

track record over time.

National patient safety and medicines alerts were received by email and then cascaded to all clinicians within the practice. They were also stored on a shared folder on the practice's clinical IT system. However the practice was not signed up to receive safety updates from the Medicines and Regulatory Healthcare products Agency, so could not demonstrate to us that it had responded to alerts about specific medicines, for example mirabegron or hydroxyzine.

Clinicians we spoke with were not aware of the National Reporting and Learning System (NRLS) and were therefore not submitting any information about patient safety incidents.

Overview of safety systems and processes

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff were aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies involved in protecting people. Staff we spoke with gave us specific examples of where they had made safeguarding referrals, in one instance reporting a spike in the number of deaths at a local care home to the relevant safeguarding agencies.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children and they had received appropriate training for their role. Their role was to be a source of information and expertise to colleagues, and to ensure the practice's policies met national guidelines. All staff we spoke with were aware who these leads were and who to speak to within the practice if they had a safeguarding concern .The children's safeguarding lead told us she had recently devised a protocol to ensure that all safeguarding information coming into the practice was managed appropriately. She had also received praise from the CCG's named nurse for safeguarding for the work she had undertaken in relation to the practice's section 11 safeguarding audit.

We viewed minutes of the practice's clinical meetings where patients with safeguarding concerns were discussed.

Inadequate

Are services safe?

We noted at the meeting of 17 February 2016 discussion took place in relation to the latest guidance on female genital mutilation to ensure staff were aware of their obligations to report incidents.

There was a chaperone policy (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Following our last inspection we were told that chaperone posters would be put up in waiting areas and treatment rooms, however we did not see any in the waiting room at either site. Nursing staff mostly acted as chaperones, although reception staff undertook this role if a nurse wasn't available. However none of the reception staff had been risk assessed to ascertain whether they needed to have a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who might be vulnerable.

Cleanliness and infection control

At our previous inspection in May 2015 we found that there was no system in place to monitor and record the quality of cleaning undertaken by the external cleaning company. During this inspection we found there was still no system in place to monitor and record the quality of cleaning undertaken by the external cleaning company. We found no evidence that random inspections of cleanliness took place which were then reported through the practice's governance structure as stated in the practice's policy. However, we observed the premises to be clean and tidy. This included the consultation rooms, the reception and waiting area and the toilet facilities. Medical grade vinyl had been put down throughout the practice so that flooring could be kept clean. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with liquid soap and paper towel dispensers were available in treatment rooms.

One of the practice's nurses was the lead for infection control and showed a good knowledge of infection control procedures and undertook regular audits of the premises. These had identified a number of shortfalls that had been rectified: pedal bins were now available in treatment rooms and hand gel pumps in patients' toilet. She told us she regularly checked the hand washing techniques of clinical staff, and in particular the locum GPs.

Medicines Management

We checked medicines kept in the treatment rooms and medicine refrigerators and found they were stored securely. Records showed room temperature and fridge temperature checks were carried out which ensured medicines were maintained at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. Patient Group and Specific Directions had been adopted by the practice to allow nurses and the health care assistant to administer medicines in line with legislation. Both the nurses and the health care assistant had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines such as warfarin, and other disease modifying drugs, and all requests for repeat prescriptions were reviewed by one the GPs before being issued to ensure they were still suitable for the patient. We checked records for patients prescribed warfarin, thyroxin and methotrexate and found that they were receiving regular blood tests and medication reviews in line with national guidance.

The practice's prescribing antibiotic rates for 2014 to 2015 were higher compared to national figures. For example, the number of antibacterial prescription items issued was 0.49, compared to a national average of 0.27. The practice was the third highest prescriber of antibiotics in its CCG area between October and December 2015. High antibiotic prescribing rates for patients were noted at our previous inspection of May 2015.

Staff recruitment

At our previous inspection in May 2015, we found that the practice had not undertaken appropriate pre-employment checks for staff and we issued a requirement notice as a result. During this inspection we noted considerable improvement. We checked the files of three recently recruited permanent members of staff and found that all appropriate recruitment checks had been undertaken prior to their employment including references, qualifications, proof of their identification the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

The practice had up to date fire risk assessments and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as those for oxygen cylinders, clinical waste and examination couches.

The practice had a health and safety policy in place. It stated that there would be quarterly health and safety meetings, routine workplace inspections, analysis of accidents and regular audits. However we found no evidence of these taking place. This was an issue we raised at our previous inspection of May 2015.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available at both sites, including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date.

Fire alarms were checked regularly, although staff had not undertaken regular fire drills to practice how they would respond in the event of a fire.

An emergency panic button was available on the practice's computer systems so that clinicians could summon assistance in an emergency.

A business continuity plan was in place to deal with a range of emergencies that might impact on the daily operation of the practice, copies of which were kept off site by the GPs. Risks identified included power failure, loss of the telephone system, industrial action and loss of key staff. However the document did not contain relevant contact details for staff to refer to. For example, there were no contact details of gas, water, electricity and burglar alarm suppliers should these fail.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our previous inspection in May 2015 we found there was no formal system in place to ensure that guidance from the National Care Institute of Health and Care Excellence was disseminated effectively to staff. During this inspection, we found there was still no formal system in place to disseminate guidance and ensure all clinicians were aware of any updates. One GP told us that no NICE guidance had been received at the practice since November 2015.

We reviewed a small sample of patients' care records and found they were of a satisfactory standard. The needs of patients with complex needs were routinely discussed at the weekly clinical meetings

The practice took part in the Avoiding Unplanned Admission Enhanced Service, which requires that patients who are part of the service have a care plan in place. We found that of 81 patients on the list, only 7 had a care plan to ensure the care delivered met their needs and was planned for. Care plans that were in place for patients were not being regularly reviewed or updated to ensure they were still appropriate. Hospital admission rates for the practice were higher at 22%, compared to the national average of 15%.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 95.5% of the total number of points available. However, exception reporting was very high, (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed mixed results for the practice;

- Performance for diabetes related indicators was at 81%.This was 9 percentage points below the CCG average, and 9 percentage points below the national average. Exception reporting of 15% was comparable to the CCG average at 13%, and national average of 11%.
- Performance for atrial fibrillation was 100%. This was 1% above the CCG average, and 2% above the national average. However exception reporting at 45% was much higher than the CCG average at 13%, and national average of 11%.
- Performance for depression was 71%.This was 19.2 percentage points below the CCG average and 21 percentage points below the national average. However, exception reporting at 68% was much higher than the CCG average of 28%, and national average of 25%.
- Performance for dementia related indicators was 100%. This was 5 percentage points above the CCG average and 6 percentage points above the national average. However, exception reporting at 43% was higher than the CCG average at 11%, and national average of 8%.
- Performance for rheumatoid arthritis was 100%. This was 5 percentage points above the CCG average and 5 percentage points above the national average. However, exception reporting at 33% was higher than the CCG average at 8% and national average of 7%.

We asked staff about exception reporting rates, however none were able to give us a detailed and comprehensive account of why so many patients had been excluded in 2014/2015. Figures for another local GP with a similar demographic were much lower, indicating that the thresholds for excluding patients at the practice were low. More recent figures given to us by the practice for 2015/2016 showed a reduction in the amount of excluded patients. However this data had not yet been validated by The Health and Social Care Information Centre.

The practice's clinical audit policy stated there would be an annual audit plan developed and that all audits would be reviewed by the Governance Manager who would oversee the monitoring processes for quality. Aggregated results would be discussed at the Governance Committee. We saw no evidence that this policy had been followed: something we raised at our previous inspection in May 2015. However, the practice showed us three clinical audits that had been undertaken in the last year, two of these were completed audits. One had been undertaken to check that patients on

Inadequate

Are services effective?

(for example, treatment is effective)

15 or more medicines had received a medicines review in the previous six months. Both audit cycles showed that a 100% of patients had been reviewed appropriately. An audit of the practice's antibiotic prescribing for respiratory tract infections had led to a 32% reduction in the amount prescribed, and public health information leaflets given more often to patients. The deputy manager told she had recently undertaken a review of the number of tasks sent to administrative staff so they could be analysed and distributed more evenly across the team.

Effective staffing

The practice had faced difficulties in recruiting permanent clinicians due the temporary nature of its APMS (alternative provider of medical services) contract and relied heavily on locum GPs to cover shortages. As a result clinical leads for long term conditions had not been appointed due to the instability of the clinical team. In addition to this one of the practice's two permanent GPs told us she was about to leave the practice. One GP was the named GP for all patients with the surnames A-F, but staff told us he was rarely at the practice, visiting only about once a quarter. Therefore it was not clear how he was responsible for patients' needs. The practice manager was absent on long term leave, and a practice and deputy manager from another of the provider's locations were providing part-time support to cover her absence.

At our previous inspection of May 2015 patients and staff told us that a lack of continuity of clinicians was of great concern to them, and there were occasions where the practice was not able to provide GP cover to both sites. During this inspection, staff told us of at least two occasions where there had not been adequate GP cover at both sites. On one occasion in December 2015, a health care assistant told us she was left to provide clinical cover to patients with limited support.

District nurses gave us examples whey they had been told there were no GPs available to undertake home visits. One nurse told us she had visited a patient who was receiving palliative care and who lived just across the road from the practice. The nurse popped into the practice to request some urgent analgesia as the patient was in considerable pain. She found that there was no GP on site.

Staff reported the practice was supportive in providing training and funding for relevant courses. All patient services' staff had undertaken an NVQ Level 2 customer care and the practice's health care assistant held an NVQ Level 3 in Health Care and was in the process of completing her level four. One of the nurses told us she had received excellent training when she started working at the practice. They also told us they had received an appraisal of their performance which they found useful. However at our previous inspection in May 2015 we found that the practice manager had not received an appraisal. We asked the directors of the company if the practice's current manager had received an appraisal and were told she had not. One of the directors told us staff appraisals were a waste of time, describing them as a tick box exercise.

Coordinating patient care and information sharing

At our previous inspection in May 2015, we found that multi-disciplinary meetings (MDT) to discuss the needs of patients only happened sporadically, despite being told by staff they happened each month. During this inspection, we found that the last MDT that took place was in December 2015, some four months prior to our visit. One GP told us that finding the time to organise the MDT meetings was very difficult, given their many additional responsibilities within the practice. A care home manager told us that she had not been invited to attend an MDT meeting in about six months and that minutes were not made available. A district nurse we spoke with also confirmed this and told us the meetings had not happened for many months.

Consent to care and treatment

The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. Clinicians we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. They understood the key parts of the legislation and were able to describe how they implemented it in their practice. They also had a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Supporting patients to live healthier lives

There was a range of useful leaflets and posters in the waiting areas giving patients information on a range of health matters including stroke, cancer awareness; and smoking cessation. Further health information was available on the practice's web site.

Inadequate

Are services effective?

(for example, treatment is effective)

All new patients to the practice were invited into the surgery to see the healthcare assistant for a health check and exploration of their medical history and lifestyle. The practice also provided NHS Health Checks to its patients aged 40 to 74 years, and sent them text messages to encourage them to attend. The practice had a 10% uptake of health check for eligible patients which was lower than the Cambridgeshire and Peterborough CCG's target rate of 12%.

At our previous inspection in May 2015, we found that the number of health checks provided for people with learning disabilities was low with only three out of 15 patients on the register having received a check. Little improvement had been made since then, and figures given to us for this inspection showed that only 5 of 15 patients had received a check.

The practice's performance for the cervical screening programme was 82%, which was comparable to the national average of 82%. However, exception reporting was high at 21%, compared to a CCG average of 8%. The figure for breast cancer screening was 61% which was lower than the CCG average of 72%; the figure for bowel cancer screening were 32%, which was lower than the CCG average of 59%. The practice was not taking any active measures to improve patient uptake of these checks.

The practice offered a full range of immunisations for children and travel vaccines in line with current national guidance. Performance for 2015/2015 was similar to national and CCG averages.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We spent time in the reception areas at both sites and found that reception staff were helpful and friendly to patients, both on the phone and in person. Throughout our visit we noted that consulting and treatment room doors were kept shut to ensure people's privacy during their appointment. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Privacy in the Dogsthorpe waiting area was particularly lacking due to the small size of the waiting area, the adjacent reception desk and proximity of the back room reception office. However the practice had tried to improve this by rearranging the seating area to leave additional space for patients at reception and by introducing a rope barrier to encourage patients to stand back from the reception desk. Since our previous inspection we noted a screen had been put up behind the reception desk to try and reduce phone calls from being overheard.

Results from the national GP patient survey published in January 2016 showed that the practice was lower than local and national averages for its satisfaction scores on consultations with GPs. However scores for the practice's nurses were good. For example, of the 95 patients who responded to the survey

- 77% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 87%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 72% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 85, national average 85%).
- 89 % said the last nurse they saw or spoke was good or very good at treating them with care and concern (CCG average 91%, national average 91%).
- 92% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%)
- 85% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Patients told us that the rarely saw the same GP when they visited, leading to a lack of continuity of care. These views aligned with results of the national GP survey which showed that:

- 23% of patients said they always or almost always see or speak to the GP they prefer compared to a local average of 61% and a national average of 59%.

Care planning and involvement in decisions about care and treatment

The national GP patient survey showed that the practice received mixed results from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 82%).
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 91%.
- 86% of patients said the nurse was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language and that these were used frequently.

Patient and carer support to cope emotionally with care and treatment

There was a wide range of leaflets and posters in the practice's waiting room, giving people good information about local support and advocacy groups whom they could contact for additional support.

There was a specific noticeboard for carers in the patients waiting area, giving information about local groups and support. The practice's computer system alerted GPs if a

Requires improvement

Are services caring?

patient was also a carer and the practice had identified 48 patients with caring responsibilities (1% of the practice's population). When patients registered with the practice they were asked if they had any caring responsibilities. If so this was flagged on the practice's electronic records and the information was then used to identify carers for flu jabs. The practice took part in the Carers' Prescription Service.

When GPs identified patients in their practice who provided care to others, they could write a prescription for them which could be 'cashed in' by the carer to access a specialist worker at Carers' Trust Cambridgeshire for support, information and respite care. However, staff were unable to tell us how many patients they had referred to this scheme.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the Peterborough area had been selected as a Prime Minister's Challenge fund area and the practice was involved in the implementation of a service to deliver extra appointments between 8am and 8pm. The practice also participated in a local initiative to increase access to healthcare for older patients and reduce the number of hospital admissions The practice had recently introduce tuberculosis monitoring to better meet the needs of its overseas patients. Patients were able to receive travel vaccinations available on the NHS.

Patients were able to sign up for email and text communication, allowing them to receive reminders and referral appointment dates electronically. Electronic prescription services were available which gave patients flexibility and choice about where to collect their medicines.

Both sites we inspected had ground floor consultation rooms and fully accessible disabled toilets. Hearing loops were available to help those patients with a hearing impairment. However, entrance doors to both practices were not automated making them difficult for wheelchairs users and those with disabilities to open. At our pervious inspection in May 2015 we noted that were no easy riser chairs, or wide seating available in reception areas to assist patients with mobility needs. No action had been taken to address this issue.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. Appointments were available from 9.00am to 5.30pm. Patients could also book pre-book routine appointments or appointments with a GPup to 12 weeks in advance. However we were told that only four appointments each morning, and only four appointments each afternoon were pre-bookable. Three on-line appointments per GP were available each day. Staff told us that most appointments were gone within the first 10 minutes of opening at the practice's branch site, and within the first 20 minutes at its main site. Patients told us that a long queue formed outside the practice every morning, but that this might not guarantee an appointment. Three patients told us they had not been able to get a same day appointment for their young children, and other patients told us they had been directed to a local walk–in centre as there were no appointments available. District nurses told us that it was very difficult to get GPs to visit their patients at home, despite urgent requests, in one instance the GP advising that a palliative care patient be taken to hospital, even though their expressed wish was to die at home.

Patients told us that getting through on the phone was difficult and it was constantly engaged. The practice had only two incoming telephones lines available for general use. There was no call queuing system in place, meaning that patients just received an engaged tone when the lines were busy. Two patients told us that they were frequently 'cut off' when phoning the practice and so had to make additional calls, which was costly for them. The directors acknowledged that a new telephone system was required in order to facilitate easier access for patients, but they stated that the cost was prohibitive, given the temporary nature of their contract with NHS England.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was very low compared to local and national averages. They had also not improved since our previous inspection back in May 2015, when we raised poor access to appointments as an area of concern.

- 50% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 75% and a national average of 73%.
- 69% of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment, compared to a CCG average of 87%, and a national average of 85%.
- 65% described their experience of making an appointment as good, compared to a CCG average of 87%, and a national average of 85%.

In order to meet demand for appointments, the practice had implemented a new patient triage system whereby the nurse screened requests for appointments. The practice had just employed an emergency care practitioner (a paramedic) to also help deliver the new system. The system had only been in operation about a month at the time of our inspection, so it was not yet possible to know if it had been effective in improving access.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints' policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice. The practice's complaints procedure was advertised in both waiting areas we inspected and there was a leaflet that patients could take away giving them information about how they could raise concerns and who they could contact if they were dissatisfied with how the practice handled their concerns. The practice's complaints policy stated that the final response letter would contain details of how patients could escalate the matter further if they remained dissatisfied with the practice's response, however we saw no evidence of this in the response letters to seven complaints.

Complaints was a standing item at the practice's clinical meetings and we saw evidence that they had been discussed at the meetings of 6 January 2016 and 2 March 2016 so that learning form them could be shared amongst staff.

We asked to see the paperwork in relation to recent complaints received by the practice. However we were only provided with the practice's response, and not details of the original complaint to review whether or not the responses were timely and appropriate. According to the practice complaints log summary, three of the most recent complaints had not been responded to in a timely way.

Between 2014 and 2015,11 complaints had been received by NHS England about the practice; all of which had been upheld.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

According to the practice's website, its vision was to provide high quality NHS medical care for individuals and families in a friendly and caring environment. Although not all staff were aware of this vision, and had not been actively involved in its development, they were clearly committed to providing a good quality service and were aware there had been a greater emphasis on trying to improve the service in recent months

The practice's ability to effectively plan for the future had been limited given the uncertainty of its APMS contract and it faced considerable challenges around GP recruitment, its future contract and operational stability.

Governance arrangements

The practice had a number of policies and procedures in place to govern its activity which were available to staff. However we came across examples where these polices were not being followed, for example in relation to its infection control, and health and safety polices.

Communication across the practice was structured around key scheduled meetings. There were weekly clinical meetings, with standing agenda items including complaints, significant events and complex patients. Regular meetings for the practice's reception and administrative staff had been introduced since our last inspection and we noted that they had been used effectively to deliver training on patient registrations, managing prescriptions , QOF and recall systems. In addition, quarterly whole practice meetings had been introduced since our previous inspection. Staff told us the meetings were useful and they felt able to raise concerns at them.

We noted that some improvements had been made since our previous inspection; infection control audits were now routinely undertaken, whole practice meetings were being held and recruitment checks were more robust for permanent staff. However, we found that the practice had taken inadequate action to address many of the issues raised at our previous inspection including the monitoring of significant events, poor patient access, the dissemination of national guidance, low patient involvement ;the monitoring of contract cleaners and provision of suitable seating for patients with mobility problems. Despite signing approval and taking responsibility for the practice's action plan following our previous inspection, one of the director's struggled to tell us what improvements had been achieved as a result. There was limited recognition of the benefit of an appraisal process for staff, with one director describing it as 'tick box exercise' and giving this as a reason why the a practice manager had never received one.

We found little evidence that the practice was using performance data to actively target areas of low performance such as such as bowel and cancer screening rates, hospital admissions and health checks for people with learning disabilities.

Leadership and culture

Leadership at the practice was unstable: the practice manager was on long-term sickness leave, and the practice was relying on temporary staff cover from another of its locations. Staff told us the practice's registered manager only attended every few months and raised concerns about the level of support from him. However, staff spoke positively about the support available from the practice's clinical lead and temporary part-time practice manager and it was clear to us that they had been working hard to try and improve the service.

Seeking and acting on feedback from patients

At our previous inspection of May 2015, the practice did not have a patient participation group (PPG) and no formal way of involving patients in the running of the practice, or seeking their feedback. During this inspection, we found there was still no PPG in place. Despite a large Asian population group, the practice did not regularly liaise with these patients to seek their feedback about the quality of the service: something we also highlighted at our previous inspection. No specific patient surveys had been carried out in the last 12 months, and the practice relied on the Friends and Family Test for patient feedback. However completion rates for this were low, with only 27 responses having been received since January 2016.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA (RA) Regulations 2014 'Safeguarding service users from abuse and improper treatment' which states: Systems and processes must be established and operated effectively to prevent abuse of service users. Not all staff who undertook chaperone duties had had their role risk assessed regarding the need for a DBS check. Regulation 13 (2)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 HSCA (RA) Regulations 2014- Person Centred Care which states that 'the care and treatment of service users must a) be appropriate, b) meet their needs, c) reflect their preferences.' We found that of 81 patients on the practice's avoiding hospital admission's list, only 7 had a care plan to ensure the care delivered met their needs and was planned for. Care plans that were in place for patients were not being regularly reviewed or updated to ensure they were still appropriate. Regulation 9(1).

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 'Good Governance' which states: Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. We found that you had failed to assess and act on risks identified to you following our inspection on 19 May 2015. For example; · Significant events were not adequately recorded or managed. · The practice's policies in relation to health and safety, and infection control were not being followed by staff. · There were no formal procedures in place to ensure clinicians were kept up to date with national guidance such as NICE. · Patients found it hard to access the practice by phone and there was limited appointment availability. · The number of patients with learning disabilities who had received a health checks was low. · There were occasions where there was not adequate clinical cover across both sites of the practice. · Patients were not involved in decisions about the range and quality of the service provided by the provider.

This section is primarily information for the provider

Enforcement actions

Regulation 17 (1)